

All retail food establishments in Texas are required to obtain a Retail Food Establishment Permit from the regulatory authority that has the permitting and inspectional responsibility for the establishment. The regulatory authority may be a City, County, Public Health District, or the Texas Department of Health (TDH). TDH only permits establishments that are not permitted by a city, county, or public health district.

Please note that these applications are for STATE permitted establishments only. You should check with all appropriate city or county offices to assure that you are not required to be permitted by them instead of TDH.

IT IS THE RESPONSIBILITY OF THE PERMITEE TO ASSURE THAT THEY PERMIT WITH THE PROPER AUTHORITY. PLEASE ALSO NOTE THAT ALL PERMIT FEES ARE NON-REFUNDABLE.



TEXAS DEPARTMENT OF HEALTH
LICENSING AND ENFORCEMENT DIVISION

RETAIL

RETAIL FOOD OPERATION PERMIT APPLICATION
(Health and Safety Code, Chapter 437)

Return both the completed application, and **non-refundable** fee made payable to
TEXAS DEPARTMENT OF HEALTH, in the envelope provided or mail to:
Texas Department of Health, P. O. Box 149200, Austin, Texas 78714-9200.
You may visit our website at: www.tdh.state.tx.us/bfds

BUDGET: 7B708
FUND: 167
PERMIT # :

If you are a childcare center, school food establishment, roadside food vendor (mobile food store), or mobile unit, contact this office at (512) 719-0246 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: () _____

Is physical address within the city limits? **G** Yes **G** No

- | | |
|---|---|
| <input type="checkbox"/> Exemptions from Retail permitting: | <input type="checkbox"/> Licensed by the Texas Department of Health as a food manufacturer AND paying a higher fee; or |
| | <input type="checkbox"/> Inspected and permitted by County or Public Health District; or |
| | <input type="checkbox"/> Non-Profit as a 501(C) organization. Please sign, date and return application. |

FEE SCHEDULE

Fees for food service establishments and retail food stores are based on the gross annual volume of food sales. Mark the appropriate volume category and remit fee accordingly.
Fee amounts will be verified with the Texas Comptroller of Public Accounts.

- ☐ **Food Establishment-** any place where food is prepared and intended for individual portion service. This includes the site at which individual portions are provided for consumption on or off the premises and regardless of whether there is a charge for the food, bed & breakfasts with ≥ 7 rooms, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, correctional facilities (jails) that contract with professional food management corporations for food preparation, privately-owned correctional facilities, etc.

- ☐ **Retail Food Store-** a food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption. This includes delicatessens that offer prepared food in bulk quantities only, grocery stores, markets, etc.

GROSS ANNUAL VOLUME OF FOOD SALES

G \$	0.00 - \$ 49,999.99	-	\$100.00
G \$	50,000.00 - \$149,999.99	-	\$200.00
G \$	150,000.00 - or more	-	\$325.00

Fees are non-refundable

G Late Fee - A person who files a renewal application after the expiration date must pay an additional \$75.00.

ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$75.00 LATE FEE.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION; I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE, NOR AM I DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. I FURTHER CERTIFY THAT I HAVE READ & UNDERSTOOD CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature _____

Printed Name & Title _____

G OWNER _____

G PARTNER _____ Date _____

G PRESIDENT _____

G CORPORATE DESIGNEE / AGENT _____

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of company.

G New - Start Date: _____

G Amended -

G Change of Ownership

G Change of Location

G Change of Name

G Other:

Enter the date the change was/is effective:

Date: _____

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

G Renewal -

Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

G Notice that firm is out of business. Date: _____

Sign and date. Return for deletion from our records.

G Not required to license/permit

Reason: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

(A license cannot be issued for manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence. ****Residence address and driver's license number are required of drug and/or device applicants ONLY.***)

Name & Title

*Residence Address

*Driver's License Number

BILLING INFORMATION:

Billed to: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

- ◆ A separate license/permit is required for each location. All licenses/permits **must** be displayed at the address licensed/ permitted. (Water Vending licenses may be kept at the home office.)
- ◆ The license/permit will be valid for one year from the new, renewal, or change date.
- ◆ The license/permit renewal application and fee are due each year **PRIOR TO** the anniversary date. This office must be advised of any changes of ownership, name, or address 30 days **PRIOR TO** the change, as this will change the anniversary date. **Please note that it is the responsibility of the license/permit holder to remit the renewal fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license/permit will be issued.**
- ◆ For assistance in completing this application, call (512) 719-0246.
- ◆ Please address any correspondence to: Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM

LICENSE/PERMIT HOLDER INFORMATION: Complete the required ownership information. ***Residence address and driver's license number are required of drug and/or device applicants ONLY.** Attach a separate sheet of paper if needed.

Legal name of company must be identical to the name on your State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. The State Tax number and Outlet number **MUST** be completed before a Retail permit will be issued.

Name

Tax Payer ID # / Charter #

Outlet #

Mailing Address of Licensed Establishment

City and State

Zip

Check One - G Sole Owner / Proprietorship

G Partnership

G Association

G Corporation

G SOLE OWNER / PROPRIETORSHIP - Name, *Residence Address, and *Drivers License Number of the Proprietor

Name

*Residence Address

*Drivers License Number

G PARTNERSHIP - Names, *Residence Addresses, and *Drivers License Numbers of Managing Partners

Name

*Residence Address

*Drivers License Number

Name

*Residence Address

*Drivers License Number

G ASSOCIATION - Names of Principals, *Residence Addresses, and *Drivers License Numbers of Managers

Name

*Residence Address

*Drivers License Number

Name

*Residence Address

*Drivers License Number

G CORPORATION - Provide the Following Information:

Name of Corporation

Date and Place of Incorporation

President's Name

*Residence Address

*Drivers License Number

Officer's Name

*Residence Address

*Drivers License Number

Officer's Name

*Residence Address

*Drivers License Number

Name of Registered Agent

*Residence Address

Telephone Number